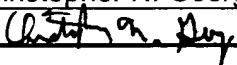


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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 15-IS-5715 (13035US02)	
		First Inventor Silva-Craig et al.	
		Title Application Service Provider Based Redundant Archive Services for Medical Archives and/or Imaging Systems	
		Express Mail Label No. EV 304939437 US	
<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) [Total Pages <u>35</u> ] -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u> ]		<b>ACCOMPANYING APPLICATION PARTS</b>	
5. Oath or Declaration [Total Pages <u>6</u> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/681,471  Prior application information: Examiner: Baoquoc N. To    Group/Art Unit: 2172  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>18. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		*23446*  23446  PATENT TRADEMARK OFFICE	
		<input type="checkbox"/> Correspondence address below	
Name Christopher N. George			
Address McAndrews, Held & Malloy, Ltd.			
500 W. Madison Street 34 <sup>th</sup> Floor			
City	Chicago	State	IL
Zip Code	60661		
Country	USA	Telephone	(312) 775-8000
Fax	(312) 775-8100		
Name (Print/type)	Christopher N. George	Registration No. (Attorney/Agent)	51,728
Signature			Date July 17, 2003

 21909 U.S. PTO  
 10/621959  
 07/17/03

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>  Patent Fees are subject to annual revision.		<b>Complete if known</b>	
		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		768.00	
Attorney Docket No.		15-IS-5715 (13035US02)	

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: 502401 Deposit Account Name: GEMS-IT <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>																													
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																															
<b>FEE CALCULATION</b>																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 750</td><td>2001 375</td><td>Utility filing fee</td><td>750.00</td></tr><tr><td>1002 330</td><td>2002 165</td><td>Design filing fee</td><td></td></tr><tr><td>1003 520</td><td>2003 260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 750</td><td>2004 375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>750.00</td></tr></tbody></table>		Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid	1001 750	2001 375	Utility filing fee	750.00	1002 330	2002 165	Design filing fee		1003 520	2003 260	Plant filing fee		1004 750	2004 375	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1)			750.00		
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2. EXTRA CLAIM FEES																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>21 - 20** =</td><td>1 x</td><td>18 =</td><td>18</td></tr><tr><td>Independent Claims 3 - 3** =</td><td>0 x</td><td>04 =</td><td>0</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>0</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	21 - 20** =	1 x	18 =	18	Independent Claims 3 - 3** =	0 x	04 =	0	Multiple Dependent			0														
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**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid																													
SUBTOTAL (3)		0.00																													

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Christopher N. George	Registration No. (Attorney or Agent)	51,728	Telephone	(312) 775-8000
Signature	<i>Christopher N. George</i>	Date	July 17, 2003		

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**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Milton Silva-Craig

Docket No.

13035US01

Serial No.

09/681,471

Filing Date

April 13, 2001

Examiner

Group Art Unit

Invention: APPLICATION SERVICE PROVIDER BASED REDUNDANT ARCHIVE SERVICES FOR MEDICAL ARCHIVES AND/OR IMAGING SYSTEMS

I hereby certify that the following correspondence:

Transmittal, Notice to File Missing Parts, Response to Notice to File Missing Parts, executed Declaration, and fee of \$130.00

*(Identify type of correspondence)*

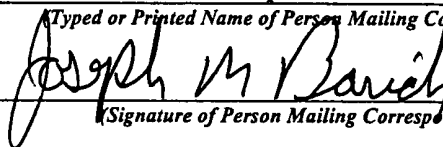
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June 15, 2001

*(Date)*

Joseph M. Barich

*(Typed or Printed Name of Person Mailing Correspondence)*



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EL649147396US

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PTO/SB/21 (08-00)

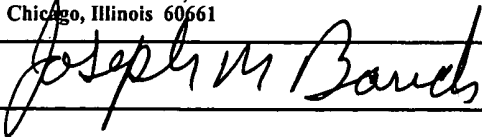
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application	09/681,471
	Filing Date	April 13, 2001
	First Named	Milton Silva-Craig et al.
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	15-IS-5715

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Executed Declaration</b>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	McAndrews, Held & Malloy, Ltd. 500 W. Madison St., 34th Floor Chicago, Illinois 60661
Signature	
Date	

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>	
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Signature	Date

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**Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533)(Large Entity)**

Docket No.  
13035US01

In Re Application Of: **MILTON SILVA-CRAIG et al.**

Serial No.  
09/681,471

Filing Date  
April 13, 2001

Examiner

Group Art Unit

Invention: **APPLICATION SERVICE PROVIDER BASED REDUNDANT ARCHIVE SERVICES FOR  
MEDICAL ARCHIVES AND/OR IMAGING SYSTEMS**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Box Missing Parts

This is a response to the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533) mailed on  
May 21, 2001  
*Date*

Enclosed herewith for filing are the following:

- ☒ A copy of the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533). **(REQUIRED)**
- ☒ An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date.
- ☐ A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date.
- ☐ An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date.
- ☐ A verified English translation of the non-English language application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the United States Patent and Trademark Office.
- ☐ Other (list):

**Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533)(Large Entity)**

Docket No.  
13035US01

In Re Application Of: **MILTON SILVA-CRAIG et al.**

Serial No.  
09/681,471

Filing Date  
April 13, 2001

Examiner

Group Art Unit

Invention: **APPLICATION SERVICE PROVIDER BASED REDUNDANT ARCHIVE SERVICES FOR  
MEDICAL ARCHIVES AND/OR IMAGING SYSTEMS**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

**Box Missing Parts**

☐ Completion of application fees as calculated below:

☐ Utility application filing fee \_\_\_\_\_

☐ Design application filing fee \_\_\_\_\_

☐ Total number of independent claims = \_\_\_\_\_

☐ Total number of claims = \_\_\_\_\_

☐ Multiple dependent claims \_\_\_\_\_

☒ Surcharge for late payment of filing fee and/or late filing of original declaration or oath **\$130.00**

☐ Petition and fee for filing by other than all the inventors or a person not the inventor \_\_\_\_\_

☐ Fee for processing an application filed with a non-English language specification \_\_\_\_\_

☐ Fee for processing and retention of application \_\_\_\_\_

Total completion of application fees **\$130.00**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the above-identified Notice to File Missing Parts of Application. The requested extension is as follows (check time period desired). If an additional time extension is required, please consider this a petition therefor.

☐ One month    ☐ Two months    ☐ Three months    ☐ Four months    ☐ Five months

from: \_\_\_\_\_ until: \_\_\_\_\_  
Date Date

Total time extension fees \_\_\_\_\_

Total fees due **130**

**Response To Notice To File Missing Parts Of Application  
Filing Date Granted (PTO-1533) (Large Entity)**

Docket No.  
**13035US01**

In Re Application Of: **MILTON SILVA-CRAIG et al.**

Serial No.  
**09/681,471**

Filing Date  
**April 13, 2001**

Examiner

Group Art Unit


Invention: **APPLICATION SERVICE PROVIDER BASED REDUNDANT ARCHIVE SERVICES FOR  
MEDICAL ARCHIVES AND/OR IMAGING SYSTEMS**

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

**Box Missing Parts**

The fee of **\$130.00** is to be paid as follows:

- ☒ A check in the amount of the fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **13-0017**.  
A duplicate copy of this sheet is enclosed.
- ☐ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No.  
A duplicate copy of this sheet is enclosed.

  
*Signature*

Dated: **June 15, 2001**

**Joseph M. Barich, Reg. No. 42,291  
McAndrews, Held & Malloy, Ltd.  
500 W. Madison Street, 34th Floor  
Chicago, Illinois 60661**

I certify that this document and fee is being deposited on \_\_\_\_\_ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Signature of Person Mailing Correspondence*

*Typed or Printed Name of Person Mailing Correspondence*

CC: